



# Enrollment Application

## Child's Information

Application Date \_\_\_\_\_ Date of Admission \_\_\_\_\_ Age at Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Primary Language \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Identifying Information (*Required by the Department of Early Education and Care*)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Race \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician/Clinic Address \_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Family Information

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Work Place \_\_\_\_\_ Work Place \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ Phone (home) \_\_\_\_\_

(work) \_\_\_\_\_ (work) \_\_\_\_\_

(other) \_\_\_\_\_ (other) \_\_\_\_\_

e-mail \_\_\_\_\_ e-mail \_\_\_\_\_

Work Schedule \_\_\_\_\_ Work Schedule \_\_\_\_\_

*Names and ages of other children in your family:* \_\_\_\_\_

## Schedule

I wish to enroll my child at the Fox Hill School for the following schedule:

Please circle one:      AM Preschool – 9:00am-12:00pm      PM Preschool - 1:00pm-3:30pm

                                 School Day - 8am-4pm      K-Readiness – 1:00pm – 3:30pm

Please indicate which days you would like your child to attend:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Please indicate which days you would like your child to attend lunch bunch (AM & PM preschool or K-Readiness):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

# Authorization and Consent

## Medical Treatment Consent

All staff are trained in early childhood health & safety, first aid and CPR. All incidents and injuries will be reported to parents on an Incident or Injury Report form. Minor accidents such as cuts and scrapes will be treated with soap and water, bumps and bruises will be treated with ice.

In the case of a more serious accidental injury, we will make an immediate attempt to contact a parent. If we cannot reach a parent or the designated emergency contact, we will call an ambulance and your child's physician. A staff member will accompany your child in the ambulance to the hospital listed below. You will be expected to assume responsibility for any resultant expense.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Fox Hill School to transport my child to the nearest medical facility and/or to \_\_\_\_\_ Hospital and authorize treatment by the doctor on call. I understand the teachers at the Fox Hill School are trained in first aid and I authorize them to give my child first aid when appropriate.

## Emergency Contacts

In case of an emergency, please give us the names of persons who can be called and are authorized to pick up your child if we cannot reach a parent.

*Be sure each person has consented and is available to act on your behalf.*

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

## Consent for Alternate Pickup

I hereby authorize the Fox Hill School to release my child to the following persons (other than parents).  
*Release of child(ren) to authorized individuals will only be allowed if the individual has valid photo ID.*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Photographic/Media Release

I hereby DO DO NOT (please circle one) consent and authorize the Fox Hill School to use and reproduce photographs/videotapes taken of my child and to circulate the same child care center displays, newsletters, advertising and publicity purposes of every description.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_